24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Unlocking Potential PAC		
	C C00564534	
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
MEATH MÉDIA GROUP	10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4441 KLINGE ST NW	Amount	
City State Zip Code	5000.00	
WASHINGTON DC 20016	Transaction ID : SE24-999.010 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA Category/ Type	10 / 22 / 2014	
Name of Federal Candidate Support Office	e Sought: House District: 00	
MARK UDALL Oppose	President Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶	
Full Name of Payee MLJ CONSULTING INC	Date of Public Distribution/Dissemination	
Mailing Address PO BOX 371	10 23 2014	
Mailing Address PO BOX 371	Amount	
City State Zip Code	7000.00	
ALEXANDRIA VA 22313	Transaction ID : SE24-999.011 Date of Disbursement or Obligation	
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING Category/ Type	10 23 / Y 2014	
Name of Federal Candidate Support Office	e Sought: House District: 00	
CORY GARDNER Oppose	President State: CO	
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	12000.00	
(a) SOBTOTAL OF HOMELEAN HISOPORTACINE EXPONENTIALES	12000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Cabell Hobbs [Electronically Filed] Date 1	0 23 2014	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Unlocking Potential PAC	C C00564534	
Check if 24-hour report 48-hour report New report Amends report filed on		
MEATH MÉDIA GROUP	of Public Distribution/Dissemination	
Mailing Address 4441 KLINGE ST NW	10 22 2014	
Amou	л	
City State Zip Code	5500.00	
***************************************	saction ID : SE24-984 of Disbursement or Obligation	
Purpose of Expenditure	10 22 7 2014	
Name of Federal Candidate Support Office Sough	ht: House District: 00	
JEANNE SHAHEEN	NI I	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014 OC	nt For:	
	of Public Distribution/Dissemination	
Mailing Address	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO BOX 371 Amou	unt	
City State Zip Code	13000.00	
Date	action ID : SE24-985 of Disbursement or Obligation	
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING/TRAVEL Category/ Type	10 23 2014	
Name of Federal Candidate Support Office Sough	ht: House District: 00	
JEANNE SHAHEEN Oppose Presid	dent Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014 2014	nt For:	
(a) SUBTOTAL of Itemized Independent Expenditures	18500.00	
(1) QUETOTAL (11 ii 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Cabell Hobbs [Electronically Filed] Date 10	23 2014	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF FOR SE OF FORM 2-	4 4/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	BER ▼
Unlocking Potential PAC	C C00564534	
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee MEATH MEDIA GROUP	Date of Public Distribution/Dissemina	Y Y
Mailing Address 4441 KLINGE ST NW		4
City State Zip Code	ode 500	00.00
WASHINGTON DC 20016		,0.00
Purpose of Expenditure MEDIA Catego	gory/ Type 10 22 / Y 201	4
Name of Federal Candidate	Support Office Sought: House District: _	00
BRUCE BRALEY	Oppose President Senate State:	IA
Calendar Year-To-Date Per Election for Office Sought 188690.90		General
Full Name of Payee MLJ CONSULTING INC		Y
Mailing Address PO BOX 371		4
City State Zip Code	ode 5000	0.00
ALEXANDRIA VA 22313		
Purpose of Expenditure STAFF/TRAVEL Catego Ty	gory/ Type 10 23 201	4
Name of Federal Candidate	Support Office Sought: House District: _	00
JONI ERNST	Oppose President X Senate State:	IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X 6 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures		00
(b) SUBTOTAL of Unitemized Independent Expenditures		-
(c) TOTAL Independent Expenditures		
.,	P	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Cabell Hobbs [Electronically File	iled] Date 10 23 2014	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) Unlocking Potential PAC	FEC IDENTIFICATION NUMBER ▼	
	C C00564534	
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee MEATH MEDIA GROUP	Date of Public Distribution/Dissemination 10 22 2014	
Mailing Address 4441 KLINGE ST NW	Amount	
City State Zip Code	5000.00	
WASHINGTON DC 20016	Transaction ID : SE24.2222 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA Category/ Type	10 / 22 / 2014	
Name of Federal Candidate Support Office	ce Sought: House District:00	
KAY R HAGAN Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought Disk 2014	bursement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
Mailing Address	Amount	
	Allount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation	
Name of Federal Candidate Support Office	ice Sought: House District:	
Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General	
	Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	45500.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.		
	10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		